

**New Jersey Department of Education
OFFICE OF SCHOOL-TO-CAREER AND COLLEGE INITIATIVES
Carl D. Perkins Vocational and Technical Education Act of 1998
and/or State Vocational Education**

**SPENDING PLAN TITLE PAGE – POST SECONDARY
Fiscal Year 2002**

(Project Duration: July 1, 2001 through June 30, 2002)

Postsecondary Project Number: PSFS _____-02		
1. Name of Eligible Recipient:		
2. Name of Chief School Administrator/College President:	2a. Telephone #:	
	2b. FAX #	
	2c. E-mail Address:	
3. Name of Perkins Project Director or Contact Person:	3a. Telephone #	
	3b. FAX #:	
	3c. Email Address:	
4. Address:	5. County Name:	
	5a. County Code:	
6. Name of Person Responsible for Data Collection:	6a. Telephone #:	
	6b. FAX #:	
	6c. E-mail Address:	
7. Board Approval Date for Submission of Application:		
8. Total Allocation: \$	8a. If consortium member, amount Contributed to Consortium: \$	8b. Total Funds Requested: (8 – 8a = 8b) \$

CONSORTIUM USE ONLY

9. Consortium Agreement: _____ has been designated as the consortium Applicant/Lead Agency for this project. As an Applicant/Participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in this application.		
10. Check One: ____ Applicant ____ Participant	11. Chief School Administrator Signature: _____	12. Date: _____

INSTRUCTIONS FOR COMPLETING TITLE PAGE

USE THE POST SECONDARY TITLE PAGE FOR POST SECONDARY PROGRAMS

NOTE: Complete individual project number for the appropriate application with your agency's four-digit district code.

- 1-6c. Complete all identifying information.
- 7. Enter the date of board approval for submission of this application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover.**
- 8. Enter the eligible recipient's total allocation amount. Consortium applicants and members refer to the section below.
- 8a. Enter any amounts contributed to a consortium.
- 8b. Enter total funds requested for this application.

Note: Item 8b will reflect the full amount requested for individual applicants, or the full amount requested for the consortium on a consortium applicant summary page. Leave Item 8b blank for all consortium participant pages.

For **Non-Consortium Districts/colleges/agencies**, do not complete items 9 through 12.

CONSORTIUM APPLICATION

All Participating Agencies in the consortium (**including the consortium applicant/lead agency**) must complete an **individual** Title Page to be submitted with the consortium application. All consortium members must contribute all of their grant funds to the consortium. If a participant has \$0 grant funds, the board must still approve participation in the consortium.

1-6c Complete items.

- 7. Enter the date the applicant's board approved the contribution of the district's allocation to, and/or participation in, the consortium (Item 6). A board resolution is required if the application is submitted prior to board approval. Consortium participants should forward copies of resolutions to the consortium applicant.
- 8. Complete items 8 and 8a for the funds contributed to the consortium. Each item should contain the district's total allocation. Item 8b will be zero. If the participant has no allocation items 8, 8a, and 8b will be zero (0).
- 9. Enter the name of the consortium applicant/lead agency.
- 10. Check (✓) participant.
- 11. The chief school administrator of each consortium participant (including the consortium applicant) must sign.
- 12. Enter the date of the signature.

Send the completed Title Page and signed Statement of Assurances to the consortium applicant/lead agency.

CONSORTIUM APPLICANT/LEAD AGENCY TITLE PAGE: In addition to the individual Title Page, the consortium applicant must complete a Title Page summarizing all funds being contributed by all members of the consortium.

- 1-6c. Complete identifying consortium applicant information.
- 7. Enter the date of Board Approval for the submission of the consortium application. **If the approval date is after the submission, forward a copy of the board resolution and/or minutes under separate cover after the resolution has passed.**
- 8. Enter entire consortium allocation. This represents a sum total of all funds being contributed by all members of the consortium.
- 8a. Enter \$ 0
- 8b. Enter total funds requested. This is the same amount entered in item 8.
- 9. Enter the name of the consortium member LEA/college/agency.
- 10. Check (✓) applicant.
- 11. The chief school administrator of each consortium applicant/lead agency must sign.
- 12. Enter the date of the signature.